

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED March 25, 2005		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: State of Nebraska			Organizational Unit: Department: Health and Human Services		
Organizational DUNS: 808819957			Division: Division of Behavioral Health		
Address: Street: P.O. Box 98925			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
City: Lincoln			Prefix: Mr.		First Name: Daniel
County: Lancaster			Middle Name: Kevin		
State: Nebraska		ZIP: 68509		Last Name: Powers	
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 47 - 0491233			Phone Number (give area code): 402-479-5193		FAX Number (give area code): 402-479-5162
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types): A Other (Specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93 - 150 TITLE: (Name of Program): RFA #SM-05-F2			9. NAME OF FEDERAL AGENCY: HHS, Substance Abuse Mental Health Services Adm.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Omaha, Lincoln, Grand Island and Scottsbluff			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: State of Nebraska Formula Grant, Projects for Assistance in Transition from Homelessness, FY 2005 PATH Application		
13. PROPOSED PROJECT: Start Date 10/1/05 Ending Date 9/30/06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2 & 3 b. Project 1, 2 & 3		
15. ESTIMATED FUNDING: a. Federal \$300,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW		
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Last Name Montanez		First Name Nancy		Middle Name Suffix	
b. Title Director of Nebraska Health and Human Services		c. Telephone Number (give area code) 402-471-9106			
d. Signature of Authorized Representative		e. Date Signed			

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BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non- Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0.00
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)		
a. Personnel	\$ 211,102	\$ 17,088	\$	\$		\$ 226,190
b. Fringe Benefits	\$ 11,812	\$ 28,147	\$	\$		\$ 41,959
c. Travel	\$ 7900	\$ 1535	\$	\$		\$ 9435
d. Equipment	\$	\$	\$	\$		\$ 0.00
e. Supplies	\$ 4448	1288	\$	\$		\$ 5736
f. Contractual	\$ 500	\$ 17,093	\$	\$		\$ 17,593
g. Construction	\$		\$	\$		\$ 0.00
h. Other	\$ 64,238	\$ 56,225	\$	\$		\$ 120,643
i. Total Direct Charges (sum of 6a -6h)	\$ 300,000	\$ 121,376	\$ 0.00	\$ 0.00		\$ 421,376.00
j. Indirect Charges	\$	\$ 1546	\$	\$		\$ 1546
k. TOTALS (sum of 6i and 6j)	\$ 300,000	\$ 122,922	\$ 0.00	\$ 0.00		\$ 422,922
7. Program Income	\$	\$	\$	\$		\$ 0.00

SECTION A

Executive Summary

Nebraska is organized into six behavioral health regions for the purpose of delivering mental health and substance abuse services into the community. The Division of Behavioral Health contracts with each of the six regions for the delivery of mental health and substance abuse service. Regional governing boards oversee the behavioral health services delivered in each region.

Service Areas:

The two primary geographic areas within Nebraska that will be served by PATH funded programs are Omaha (Region VI) and Lincoln (Region V). Services will also be provided in the central part of the state, Grand Island (Region III) and in the western part of the state, Scottsbluff (Region I).

Organizations to Receive Funds and Amounts Allocated

Eastern Nebraska, Omaha and Douglas County (Region VI)	Community Alliance (private-non profit)	\$147,213
	Salvation Army (private-non-profit)	\$53,121
Southeast Nebraska, Lincoln and Lancaster County (Region V)	Community Mental Health Center/Lancaster County (public county government entity)	\$32,500
	CenterPointe, Inc. (private non-profit)	\$32,500
Central Nebraska, Grand Island (Region III)	Greater Nebraska Goodwill Industries, Inc.(private non- profit)	\$11,333
Western Nebraska, Scottsbluff (Region I)	Cirrus House (private non-profit)	\$11,333

Services to be supported by PATH Funds

The Path programs will provide outreach, screening and diagnostic treatment services, case management, referral, some temporary housing assistance, and other appropriate services to individuals who are suffering from serious mental illness or are suffering from serious mental illness and substance abuse, and are homeless or at imminent risk of becoming homeless.

Number of Persons Served

The number of persons that will be served in FY05 statewide is **958**.

Funding Mechanism

The funding mechanism used by Nebraska to distribute PATH funds is by region. The process to allocate PATH funds is based on a combination of factors: 1) continuation of funding to maintain services under previous four years PATH grants, 2) the number of individuals served with those funds, and 3) the current state financial limitations. Based on the evidence of need presented and the fact that Lincoln and Omaha have the greatest numbers of homeless individuals in Nebraska, the PATH funds will continue to be directed primarily to those areas of the state.

Section B

STATE-LEVEL INFORMATION

1. State's Operational Definitions:

a. The State of Nebraska, consistent with the Stewart B. McKinney Act, defines an individual as homeless if he/she: (1) lacks a fixed, regular, and adequate night-time residence; (2) has a primary night-time residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed, or ordinarily used as, regular sleeping accommodations for human beings.

b. The State of Nebraska is currently using as a provisional definition of persons who are at imminent risk of becoming homeless an adaptation of HUD definition of such persons. Individuals are considered to be at imminent risk if: (1) they are in the process of being evicted from dwelling units or are being discharged from institutions; (2) no subsequent residences have been identified; and (3) they lack the resource and support networks to obtain access to housing.

c. The State of Nebraska considers an individual to have serious mental illness if he/she meets the following four criteria; he or she must have a:

1. mental illness (such as Schizophrenia, Bipolar Disorder, Major Depression) that is
2. severe, and
3. persistent, resulting in a prolonged
4. disability that without supportive/rehabilitative services substantially impairs her ability to function.

d. The State of Nebraska defines an individual as having co-occurring serious mental illness and substance abuse if that individual meets the criteria above for serious mental illness, and has a coexisting substance abuse disorder that conforms to the diagnostic criteria for Psychoactive Substance Use Disorders in the DSM-IV.

2. Needs Assessment/Number of Homeless by Geographic Area:

The following tables and maps illustrate the location of PATH services. Primarily along the Interstate 80 corridor, Nebraska has PATH providers in the four cities marked on the map: Omaha, Lincoln, Grand Island and Scottsbluff. Note that the Mental Health and Substance Abuse Regions are different from the Nebraska Homeless Assistance Program Regions. However, the Nebraska Homeless Assistance Program Region 7 includes Omaha and Region 6 includes Lincoln. This is where 92 % of the PATH funds are allocated. It is generally estimated that 35-45 % of homeless persons may have a serious mental illness and 45% may have a coexisting substance abuse disorder.

The point in time count of homeless persons in Lincoln and Omaha reflect a total count of 1550 persons in Lincoln and 1007 in Omaha.

3. How funds are allocated

Nebraska proposes to continue funding to the four regions in the same amount as it did in the two previous years. The PATH Funds are allocated to the Regions. The funding allocations are as follows:

Region I	\$ 11,333
Region III	\$ 11,333
Region V	\$ 65,000
Region VI	\$ 200,333

a. According to the Nebraska Homeless Assistance Program Regional Comparisons for the last half of 2004 Omaha had 44% of the Nebraska Homeless Population while Lincoln had 25%. These two cities receive 92% of the PATH funds and have 67 % of the homeless population according to the most recent figures. These two cities have the longest running PATH programs and originally received all of the PATH funds.

The remainder of the funds go to Scottsbluff and Grand Island. Scottsbluff is located in the western edge of the state and Grand Island in the middle of the state. They are two of the larger cities in Nebraska other than Omaha and Lincoln. Since there is a great need both in Omaha, Lincoln and across the state, it is unlikely that funds would be cut to provide additional services in the areas outside of Omaha and Lincoln. It is hoped that additional funds will be available in the future for these areas.

b. Both Omaha and Lincoln providers work closely with the Veterans Administration. In Omaha the Salvation Army works closely with the VA system both in Omaha and in Iowa, accepting referrals from both the Omaha VA hospital and the Knoxville, Iowa hospital. They also work closely with the Veterans Administration outreach staff. Community Alliance outreach teams screen everyone for Veterans Status and assist Veterans in checking out any available benefits. They also work closely with the Veterans Administration outreach specialists. In Lincoln both Centerpointe and the Community Mental Health Center are part of the Continuum of Care which includes the Veterans Administration. Veterans are screened and referred to the Veterans Administration Homeless outreach workers.

4. Coordination with State Plan

The continued implementation of the PATH Formula Grant Program will be coordinated with Nebraska's Comprehensive Mental Health Services Plan under PL 103-321 as follows;

The State of Nebraska's overall plan for mental health services is contained in Nebraska Mental Health System Plan for Adults. A major emphasis of the Plan for mental health services is on the Rehabilitation and Support service array targeted toward persons disabled by severe and persistent mental illness (SPMI). Persons that are homeless and have a mental illness (PHMI) in Nebraska have available to them any of the mental health services available in the Rehabilitation and Support array. The State Plan recognizes that PHMI have more specialized needs, and in conformance with the requirements of

PL 102-321 the plan endeavors to provide for the establishment and implementation of a program of outreach to and services for homeless individuals with a serious mental illness. PATH funded agencies are unique in their ability to provide the outreach component necessary to engage

PHMI and direct them toward needed services. PATH funded agencies will also provide specialized case management services to keep PHMI engaged, link them with entitlements, and coordinate a service package designed to maximize their potential for transitioning out of homelessness. Thus, the State Plan recognizes the need for, and takes advantage of PATH funded services to provide specialized programs (particularly with regard to outreach and case management) for PHMI, which would not otherwise be available in the Nebraska Community Mental Health System.

The PATH Grant will be specifically coordinated with the PL 102-321 outreach and service requirements for homeless, seriously mentally ill individuals through the contractual requirement that Nebraska PATH Grant Programs have an outreach and case management component.

5. Other funds

Governor's Behavioral Health Reform

The Nebraska Health and Human Services System is working on developing the State Rental Assistance Transition Voucher Program for Adults who are extremely low income with a serious mental illness. This program is authorized under the Nebraska Affordable Housing Trust Fund (Neb. Rev. § 58-703). The program is designed to meet the intent of the Governor's Behavioral Health Reform (LB1083/2004, Section 101). The Nebraska Department of Economic Development asked Nebraska Health and Human Services System to administer the program. HHSS agreed. Now an Intergovernmental Agreement needs to be developed.

The State Rental Assistance Transition Voucher Program will be designed to operate as an evidence base practice "Supported Housing" in each of the Six Regional Behavioral Health Authorities. Program features include:

- The general principles of supported housing include permanence, functional separation of housing and services, integration, affordability, and flexibility.
- The capacity development needs to be consistent with the intent of the Governor's Behavioral Health Reform Initiative, and the Federal definition of Supported Housing.
- This is a program designed for people who are NOT capable of independent living without behavioral health services and supports to remain successfully in the community. The consumer needs more than just a case manager checking periodically to see if the rent was paid.
- The State Rental Assistance Program is to serve as a bridge voucher over to the HUD Section 8 Rental Assistance program.

Nebraska Homeless Assistance Program

The Nebraska Homeless Assistance Program has approximately 1.5 million dollars of state funds from the documentary stamp tax (a tax on real estate transactions) that goes to help homeless individuals across the state, many of whom have a serious mental illness.

Block Grant Funds

There are no mental health block grant or substance abuse block grant funds designated specifically for serving people who are homeless and have a serious mental illness.

6. State Oversight

Nebraska's is divided into six behavioral health regions. The Division of Behavioral Health Services contracts with Regions I, III, V and VI. The Regions subcontract for PATH services with the PATH providers. The Regions by state statute provide direct oversight of the local PATH supported providers. The oversight takes place through quarterly reports to the Regions, financial audits, and contract compliance provisions that are also sent onto the State. Contracts with the Regions require them to provide random site visits.

State level activities include reviews of quarterly activity reports and monthly billing documents, technical assistance and contract compliance provisions with the Regions. Site visits may occur on a random basis. Current PATH providers are also enrolled in the public mental health and substance abuse network provider system and thus must meet system and network management enrollment criteria.

7. Training

Nebraska is expected to receive technical assistance on Supported Employment as an Evidence Based Practice on June 13 and 14 from the Advocates for Human Potential.

8. Source of matching and assurance that matching funds will be available

Community Alliance is using donated pharmaceuticals for in kind match.

Salvation Army is using donations for source of match.

Centerpointe and Lancaster County Mental Health are using county tax dollars for source of match.

Goodwill of Greater Nebraska is using donations for source of match.

Cirrus House is using donations for source of match.

Letters of assurance are on pages 5-10.

9. Opportunity for Public Comment

This year's funding allocation were submitted to the State Advisory Committee on Mental Health Services at its February 8, 2005 meeting. The meetings are open to the public and there is an opportunity for public comment.

The State PATH has an eight hundred number and email address which he can be reached. The PATH Application is posted on the Division of Behavioral Health Website.

10. Transformation Goals

FY2005-2006 PATH INTENDED USE PLAN
LOCAL PROVIDER INFORMATION
February, 2005

- 1. Local Provider Organization:** Community Alliance Rehabilitation Services
4001 Leavenworth Street, Omaha, NE 68105
Phone: 402-341-5128 Fax: 402-341-0280

Community Alliance, a private, nonprofit agency based in Omaha, Nebraska, has as its sole purpose, serving individuals with serious mental illness through a broad range of community-based rehabilitation services. The largest free-standing psychiatric rehabilitation agency in the State, the organization served over 1,400 adult men and women during the past program year. In addition to its services focused on homeless individuals as described in this plan, Community Alliance offers residential (both supervised group living and supportive housing), day rehabilitation, community support, vocational rehabilitation, and assertive community treatment services, and family education services. The region served incorporates Douglas County and the metro Omaha, Nebraska area.

- 2. PATH Funds To Be Received:** \$147,213

- 3. Services to be Provided with Federal PATH Funds:** The services directly provided by Community Alliance, funded in whole or in part with PATH funds, are intended to provide a highly flexible, very individualized approach to meeting the needs of persons with serious mental illness or who have co-occurring substance abuse disorders; and are homeless or at imminent risk of becoming homeless. The design of the program is intended to offer increasingly higher levels of service through the establishment of a helping relationship that builds incrementally through the meeting of identified consumer needs and experiencing small successes over time. This is consistent with models found to be effective throughout the literature. Such a model attempts to avoid excessive paper work that can be perceived as a barrier, or worse, a threat to the individual we are seeking to engage, while still meeting professional and regulatory standards. Our efforts to achieve such a balance is reflected in the following description of services.

- a. Projected Number of Clients Who Will Receive PATH Funded Services:* It is projected that during FY 2005, the program will serve 375 individuals who are homeless and mentally ill through outreach services and 260 will be enrolled as clients within the services. Of this number, Community Alliance projects that 95% of these individuals will be "literally" homeless, and the balance will be at imminent risk of homelessness.

- b. *Specific Services To Be Provided:* The specific services to be provided include assertive outreach, case management including referral and linkage to other behavioral health services, and psychiatric screening, diagnostic and short-term treatment services.
- a. *Assertive Outreach* – Outreach services are intended to engage homeless individuals who have a serious mental illness and may benefit from the services which can be offered through this program. This is accomplished by going where the homeless are, rather than waiting for them to come to us. Initial contact is made through frequent visits to area shelters, formal and informal referrals from shelters, downtown businesses, and area hospitals and social service agencies, day shelters, and self-referrals coming from word of mouth about the program. In most cases, the first several contacts are for the purpose of building initial trust, responding to immediate needs (e.g. food, shelter, clothing), and gathering information, followed by offering direct assistance in accessing services related to specific needs. These services are deliberately maintained on an informal level until it is determined that an individual is willing to accept ongoing assistance and more formalized intervention can effectively occur. This is a partially PATH funded service.
 - b. *Case Management, Including Referral & Linkage to Other Mental Health Habilitation/Rehabilitation Services* – Case management within this program is defined by Community Alliance as a goal oriented, systematic process which serves persons through individual advocacy, ongoing coordination, and linkage among both internal and external resources. Throughout, we utilize an active, direct, “hands on” role in identifying, advocating, accessing, and maintaining both formal and informal community resources available and needed by the persons served within this program. Case management is deliberately designed and intended as a continuation of the outreach process, with the focus on the longer range needs of the consumer to achieve mental health and residential stability. Interventions are determined by consumer need. Case management services include referrals for primary health services, pre-vocational and vocational services, educational services, housing services, mental health treatment and rehabilitation services, substance abuse services, and transportation to needed services as dictated by the needs of the individual. Such referrals are also addressed on an incremental, prioritized basis. This is a partially PATH funded service.
 - c. *Contracted Psychiatric Screening, Diagnostic & Short-Term Treatment Services* – Community Alliance contracts with one or more independent psychiatrists and/or psychiatric residents to provide psychiatric screening, assessment, diagnostic, short-term treatment, and medication management for PATH program participants. The physicians medically assess each individual's current mental health symptoms and behavior and, if screening indicates the presence of a serious mental illness, will provide a diagnosis and seek to initiate outpatient treatment. In most cases, medications will also be prescribed. Treatment services, inclusive of medication management, is continued through active and comprehensive coordination between consumer, physician, and outreach/case management staff until referral and admission to an area mental health center can be achieved. Homeless outreach/case management staff identify and coordinate scheduling and transportation of all individuals receiving these services. These contracted psychiatric screening, diagnostic & short-term treatment services are a partially PATH funded service, as is the purchase of some of the prescription medications prescribed by the psychiatrist(s) serving this program. We utilize PATH funds in this manner to speed the initiation of needed mental health treatment while seeking to acquire other sources of payment for needed medications, such as Medicaid or the State's LB95 program. Sample medications are also utilized to the maximum extent possible.
- c. *Community Organizations That Provide Key Services to PATH Eligible Clients and Coordination with Those Organizations:*

Community Alliance accesses a number of other community organizations, programs, and resources in collaboration with and on behalf of PATH eligible clients. These include:

Mental Health Resources: Douglas County Health Center, Heartland Family Service, Alegant Health at the Immanuel campus, Lutheran Family Services, Veterans Center, VA Medical Center

Substance Abuse Resources: Catholic Charities, Heartland Family Service, Lutheran Family Services, CenterPointe, Alegant Health, Stephen Center Hero program, Siena Francis House Recovery program.

Primary Health / Medical Related Resources: Charles Drew Health Clinic, Douglas County Primary Health Care, Hope Medical Outreach Coalition, Nebraska Aids Project, Sona Clinic, St. Joseph Hospital, University of Nebraska Medical Center, Visiting Nurses Association

Housing Resources: Stephen Center, St. Vincent Shelter, Siena-Francis House, Campus for Hope, Open Door Mission, Oxford House, Douglas County Housing Authority, Omaha Housing Authority, Salvation Army, Omaha Supported Living, New Creations, Community Alliance, Private Landlords

Employment Resources: Community Alliance 'WorkSource' (vocational) program, Nebraska Vocational Rehabilitation, Nebraska Workforce Development.

Community Alliance coordinates with these resources on an individual consumer level through the homeless outreach staff. Referrals are made based upon individual consumer need, and outreach staff provide hands on assistance in filling out applications, accessing and providing documentation necessary to determine / qualify for eligibility, transportation to and from appointments, and assisting and monitoring service provision from these resources. The organization coordinates resources on a broader, systems level, by being an active participant in a wide range of collaborative and coordinative efforts including Region 6 Behavioral Healthcare network management meetings, the Greater Omaha Continuum of Care for the Homeless, and the Omaha consolidated planning process.

- d. *Gaps in Current Service Systems:* There remain serious gaps in services within our community for persons who were homeless and mentally ill. Access to ongoing mental health treatment, medications, and rehabilitation services remain among the most prevalent. The availability of a range of affordable and supportive housing services also remains inadequate within our community. In our view, these gaps fundamentally remain an issue of insufficient resources. Significant progress has been made in identifying and reaching out to those with mental illness among Omaha's homeless, and there is a high level of coordination of available resources through the Continuum of Care effort. The lack of availability of affordable housing options, particularly those which are linked with the supportive services so often required by those with mental illness, continues to be a critical gap to be addressed. We also continue to see high percentages of co-occurring mental illness and substance abuse among this population, and have yet to see this challenge fully met in a systematic and effective manner. During this past year, major progress was made in moving the State toward significant behavioral health reform with the adoption of the "Nebraska Behavioral Health Services Act which promises to move additional resources from institutional care to more community-based resources and which also, for the first time, contains appropriations specifically to begin to support affordable housing for persons with serious mental illness. Implementation of the systematic planning and development of services in response to this reform measure is actively underway and should positively impact the homeless and mentally ill population in the months and years ahead.
- e. *Services Available for Clients with Co-occurring Mental Illnesses and Substance Use Disorders:* Program staff are cross-trained in basic screening and intervention skills in the area of substance disorders. Behavioral indicators, screening tools and self-reports are utilized to assess individuals for potential substance abuse problems, and to make referrals for specialized services as may be indicated. Assessment by staff members occur at the local shelters, including those facilities who are providing substance abuse services. A coordinated plan is put into place to address the co-occurring disorders. Guests of the shelter participate with the psychiatrist and case manager in medication management, symptom management, rehabilitation issues and transportation as they continue their participation in the shelter substance abuse programs. Additional referral sources have and continue to include detoxification services, outpatient treatment, and inpatient treatment. Both the outreach and case management component are utilized to help coordinate these services with other services being utilized by the homeless mentally ill individual. Staff members are actively involved in the mental health/substance abuse committee in the Omaha Area Continuum of Care.
- f. *Strategies for Making Suitable Housing Available to PATH clients:* Outreach and case management staff utilize a variety of community resources in their efforts to obtain suitable housing services for PATH eligible clients. The continued scarcity of affordable housing, and the high utilization of those resources which do exist require the use of both public and private facilities. As with other gaps in services, Community Alliance continues its efforts

to address the housing issue on both an individual client and a systems level. Each homeless outreach/case management staff person has, and must continue to have, expertise in identifying, accessing, and supporting the range of housing options available and needed by those served in this program. During team staffing regarding client care, housing issues are examined for each person. Staff members look at issues of mental health stability, substance abuse and other issues that contributed to the individual's homelessness. With that information they seek to identify a level of care that will meet the housing needs of the client. The staff member can then help search for appropriate housing. All program staff continue to coordinate current information about what beds, rooms, apartments, and facilities have an opening, assist in making application on behalf of a consumer for subsidized housing, and to provide the individualized support and training a client may need to maintain a housing placement. Program staff often work with Douglas County General Assistance to secure rental assistance. We help individuals negotiate the application process to secure Section 8 rental assistance from the public housing authority, and negotiate with landlords to accept these housing vouchers. Landlords regularly fax information about openings in their units. Staff utilize specialized programs established for persons who are homeless such as with private providers and the Omaha Housing Authority. Supportive services, such as budgeting, bill paying, home maintenance, and other skills training is also provided by program staff when such is indicated to maintain one's housing. In addition to these efforts, Community Alliance staff attend various committees to keep abreast of housing availability and services offered.

On a systems level, Community Alliance program staff regularly attend Omaha Area Continuum of Care for the Homeless meetings and participate in committees and projects of the OACCH. We are also active participants in the City's Consolidated Planning process which directs our community's affordable housing initiatives as a whole; work in collaboration with other individuals and organizations to further a comprehensive and coordinated approach to the housing needs of persons with disabilities; and actively seek out additional federal, state, and local resources to further expand housing options.

4. Coordination Between PATH Providers and the Omaha Area Continuum of Care:

The Omaha Area Continuum of Care for the Homeless is a centralized and comprehensive coordinating mechanism, providing information, resource collaboration, and systems coordination through regular meetings and networking on both an individual and organizational basis. Community Alliance coordinates services and housing on an individual consumer basis with organizations and resources involved in the Continuum as well as those who are not directly involved. For example, homeless outreach and case management staff coordinate with Charles Drew Health Clinic to process needed lab work and medical tests which may be ordered by its association with the Hope Medical Outreach program. Psychiatric hospitalization might be arranged for an individual with Douglas County Health Center, with outreach and case management staff coordinating discharge planning and assuring that the consumer continues with needed medications after discharge.

5. Demographics of Proposed Service Area and Description of Staff Diversity and Cultural Competency:

Persons served by PATH supported services represent the range of diversity of the broader community or service area. This includes both genders, varied racial and ethnic backgrounds, and a broad background. Among persons served during the current year within PATH supported services, a demographic description includes approximately 52% male and 48% female; 20% race or ethnicity other than caucasian; and age ranging from 19 to 67. Among staff providing homeless services funded in part by PATH are included both males (29%) and females (71%), ages 24 to 69, and 14% racial and/or ethnic minority. The combined experience / track record of programmatic involvement with the population being served is over 50 years and ranges from 1 year to 22 years. As described throughout this plan, the services provided by this program are highly individualized and modified to meet the immediate and longer range needs of the person being served. This individualized approach, and ongoing commitment to establishing goals, objectives, approaches, and methodologies with the consumer includes an ongoing focus on issues related to race, ethnicity, gender, and other cultural sensitivity. Staff are provided both formal and informal training to assist in better recognizing cultural differences and to have the tools to intervene in culturally sensitive ways. Community Alliance specific training in this area includes consumer panels, comprised of individuals with serious mental illness,

and including persons who have experienced homelessness. Annual training in cultural diversity is provided by internal staff, with persons of color included as part of the training staff.

6. Involvement of Consumers & Family Members In Organizational Planning, Implementation, and Evaluation of PATH-Funded Services:

Consumer involvement in the development, evaluation, and ongoing operations of the homeless services program is obtained by its integration within Community Alliance's consumer input mechanisms, including a quarterly Consumer Forum, a formal advisory mechanism which provides for regular consumer feedback, input, and opinions to administrative and managerial staff. Satisfaction surveys are disseminated to both current and discharged consumers of homeless services. Involvement is also encouraged on an individual basis, through discussions with program staff and an "open door" policy with the program manager and Community Alliance administrative staff. Consumer feedback is also received through the Continuum of Care process. Family members are involved through the participation in the individual rehabilitation planning process and periodic organization sponsored activities for consumers and family members. Family members also serve on Community Alliance Rehabilitation Services' governing board.

Budget Explanation

See attached SF-424A and line item budget.

Personnel to provide the homeless services as described in this plan include up to 7.0 FTE direct service staff which provide outreach and case management services. Of this, the cost of .6 FTE direct service staff, a full-time program manager, and the approximate equivalent of .15 FTE clerical support and quality improvement activities is attributable to PATH funding. Fringe benefits, inclusive of payroll taxes, group health insurance, disability insurance, and the like is calculated at .245% of wages. The balance of personnel wages and fringe benefits expended for homeless services by Community Alliance is not shown on the SF424A as they are paid with funds which do not qualify as match for PATH funds. The program-wide level of staffing planned provides for a team approach to outreach, and is seeks to maintain an appropriate client to staff ratio consistent with historic client need.

Program personnel visit shelters and other areas where homeless people frequent and transport individuals to needed services on a daily basis. Community Alliance dedicates two vehicles for use by the program to enhance mobility of the teams. Expenses associated with these vehicles, e.g. insurance, operating costs, repairs and maintenance, are PATH funded. Staff supplement program vehicles with the use of personal vehicles as needed to meet client needs, and are reimbursed on an actual per mile basis calculated at .34 cents per mile

A key component of the homeless program is the availability of psychiatric services for screening, diagnostic, and short-term treatment. Partial funding has been included for contracted psychiatric services as described in the narrative. In addition, the effectiveness of these services are enhanced by the ability to directly purchase medications on behalf of the homeless client, thus initiating mental health services while still in the outreach phase. Medication costs comprise a substantial portion of the budget, with \$38,000 included under PATH funding for the coming year. This amount will be utilized to leverage additional funding for medications through the SHP fund.

Also included in the 'other' category is the \$1338 annual cost of cellular phones for the mobile outreach staff, considered essential both for effective and efficient communications, as well as personnel safety. Partial cost of bus tickets for use by consumers to expand access to essential services are also included, with \$1,200 budgeted for this purpose.

Under 'Non-Federal Match', Community Alliance has estimated that a minimum of \$40,000 of qualifying in-kind match will be provided. This is reflective of the value of medications obtained through pharmaceutical companies. Community Alliance has exceeded this amount in fair market value of medications during the current program year. We are not including non-qualifying program funds on the PATH budget, such as the Supportive Housing Program funds received by Community Alliance in support of homeless services since SHP funds cannot be used for matching PATH funds.

Local Provider Intended Use Plans

In the *Intended Use Plan*, the State must furnish the following information for **each** agency that provide services with PATH funds

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Salvation Army-Transitional Residential Program

3612 Cuming Street

Omaha, NE 68131

TRP Serves the five county region of Douglas, Dodge, Cass, Sarpy, and Washington counties in Nebraska.

The organization houses over 20 social service programs for the Omaha area. Services include: Transitional housing, Senior Services, Head Start, Material Assistance, Case Management/Community Support.

2. Indicate the amount of PATH funds the organization will receive.

\$53,120

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of enrolled clients who will receive PATH-funded services in FY 2004. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See definition below for imminent risk of homelessness.)

About 20 clients will receive services and all meet the homeless definition.

- b. list services to be provided, using PATH funds (see below for PATH eligible services).

Services include: Supportive and Supervisory services in a residential setting, Screening and diagnostic services, Case Management services, Referrals for primary health services, staff training, and relevant housing services.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

In addition to the services provided within the Salvation Army, clients are able to access necessary services in the community through our case manager and Program Registered Nurse. These services include: Mental Health and Substance Abuse treatment, Day programming (a PATH provider), area hospitals, vocational rehabilitation, educational opportunities, shelter services. By participating in the area continuum of care, serving on the executive board, and holding the meeting on-site, the organization is working with all other service providers to access all necessary services for the clients.

- d. gaps in the current service system

Gaps in the current system include affordable housing for those who are able to live independently and access to necessary medication.

- e. services available for clients who have both a serious mental illness and substance use disorder

TRP recognizes the importance of treating those with co-occurring diagnosis and works closely with the individual to individualize their service plan to address both areas as well as referrals to those providers who are able to address both areas as well. In addition, the Region has funded a dual diagnosis treatment center that will benefit these individuals.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

Depending on the level of housing indicated by the psychiatrist, TRP staff work with local assisted living facilities to find suitable housing for the client at the appropriate level of care. For those able to live independently, staff work with the clients to find housing that best fits their needs and is affordable. Staff also find support services for those transitioning to independent living. Finding affordable housing is often difficult but staff aggressively find resources for the clients in order to facilitate the process as quickly as possible.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

TRP staff are members of the HUD Continuum of Care and serve on the executive committee as well as several sub-committees. The meetings are held on-site and the Salvation Army routinely takes leadership roles in this group of providers. In addition, staff participate in mental health planning groups at a state level through Region VI Behavioral Health.

- 5. Describe the demographics of the proposed service area. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients. Indicate the extent to which staff (a) are representative of the racial/ethnic diversity of the clients, and (b) receive periodic training in cultural competence. (See below for: "SAMHSA Guidelines for Cultural Competence.")

The Salvation Army has served the Omaha area for over 100 years and employees diversified staff that reflects both the clients we serve and the Omaha area. Distribution of age, race,gender- Clients:

Male: 30%
Female: 70%
African American: 23%
Caucasion: 76%
Age: 18-34 15%
35-64 58%

Distribution of gender, race, age-staff

Male: 30%
Female: 70%
African American: 30%
Caucasion: 70%
Age: 18-34: 53%
35-64: 47%

Cultural competence is not only a training for each employee but is intertwined throughout all of the trainings both during orientation and at the monthly trainings. In addition, each service plan is customized for the client to meet their individual needs and is sensitive to age, gender, and racial/ethnic backgrounds.

6. Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, are homeless consumers employed as staff? Do homeless consumers serve on governing or formal advisory boards? (See below for Guidelines for Consumer and Family participation.)

Homeless consumers are involved at the organizational level by serving on the Advisory board which meets quarterly. In addition, TRP has initiated focus groups to not only provide feedback about services, but to assist in the development of how information is collected and what information would be most useful. These focus groups also are utilized along with our surveys to adjust/improve programming to better meet the needs of this population.

**Community Mental Health Center of Lancaster County
FY 2005 – 2006 PATH Application**

1. Organization

The Community Mental Health Center of Lancaster County (CMHCLC) is the organization to receive PATH funds. It is a County governmental agency funded through a combination of local, State, and Federal monies. The CMHCLC serves residents of Lancaster County, which serves in the Region V Behavioral Health provider area. The CMHCLC provides Community Support (case management), Medical Services, Outpatient Therapy, Day Treatment / Partial Hospitalization, 24 Hour Crisis Line / Mobile Crisis Services, Day Rehabilitation, Homeless / Special Needs Outreach, Psychiatric Residential Rehabilitation, Crisis Center, Peer and Volunteer Services, as well as the Mental Health Jail Diversion Project.

Contact Person: Travis Parker
Community Mental Health Center of Lancaster County
2200 St Mary's Avenue
Lincoln, NE 68502
Phone: (402) 441-6610 Fax: (402) 441-8624
Email: tparker@ci.lincoln.ne.us

2. Federal PATH Funds Received: We anticipate receipt of \$32,500 in federal PATH funds. Budget is attached.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number to be served in FY 2005:

We anticipate an increase of approximately 10% (about 145 persons) as a result of the combination of a mobile laptop computer and the addition of fixed hours and office space at the People's City Mission. These provisions will enable staff to increase time in the community providing direct service.

The percentage of clients served with PATH funds who are projected to be "literally" homeless is 100%. Persons are not accepted into the Homeless program at the CMHCLC unless they are both "literally" homeless and suffer from a severe and persistent mental illness. If an individual is assessed as being at "imminent risk of homelessness," they are then referred on to the Special Needs Program at the CMHCLC.

b. Specific services to be provided:

Outreach:

Via staff at locations where homeless persons congregate.

Screening & Diagnostic Treatment:

Transportation to medical / psychiatric appointments is arranged or psychiatrist visits places where homeless persons congregate.

Community Mental Health:

Linkages to ongoing treatment and Community Living Support services are made for consumers requiring such service.

Staff training:

The Staff at CMHCLC and other agencies are sensitive about the special needs of the homeless who have mental health issues or co-occurring disorders.

Case management:

Case management services are provided as needed to increase the functioning level and integration of homeless persons with mental health problems or co-occurring disorders in the community.

Referrals for Primary Health Services, Job Training, Education Services and Relevant

Housing Services:

Linkages with entities providing such services are cultivated and used to meet the needs of persons served by the PATH funded direct services.

c. Existing programs providing services to PATH eligible clients and coordination with those organizations:

- People's City Mission •Lincoln Action Program
- Department of Health & Human Services – G.A.; A.P.S.; A.A.B.D
- Salvation Army •First Step •Fresh Start
- Cornhusker Place Detox •Lincoln Housing Authority
- The Gathering Place •Friendship Home
- Matt Talbot Kitchen •City – County Health Department
- BryanLGH Medical Center •Lincoln Information for the Elderly
- County Corrections •Lincoln Police Department

- Touchstone •Wolf House
- Catholic Social Services •Lutheran Family Services
- People's Health Center

Services are coordinated through direct service provisions at many of the sites identified

above. Often times, the agencies listed above will contact the PATH funded staff person to request an assessment or some form of face-to-face service provision for an individual(s) who is homeless. The PATH funded staff person at the CMHCLC will also work closely with organizations listed above, particularly if a referral is needed for a homeless individual who is in need of accessing substance abuse treatment services, as this is not a service provided by the CMHCLC.

d. Gaps in current service systems.

First, the number of homeless persons with mental health or co-occurring disorder needs far exceeds the capacity of community resources to treat or serve them. Availability of medical follow-up, medicines, ongoing case management, supportive housing and culturally appropriate substance abuse / mental health care is limited. Second, the number of persons who have co-occurring mental health and substance abuse disorders presents challenges that tax current treatment providers. The use / abuse of methamphetamine in particular challenges the system's ability to appropriately serve the consumer.

e. Services available for clients who have both a serious mental illness and substance use disorder.

The two PATH funded agencies in Region V, CMHCLC and CenterPointe Inc., provide a cooperative effort in serving the dual diagnosis client. Combining the expertise of these agencies, as well as using consulting psychiatrists provides the best range of coverage for these difficult issues.

f. Strategies for making suitable housing available to PATH clients

No PATH funding is used at this site for housing services. Housing is made available through community resources such as the Lincoln Housing Authority, HUD, and private resources for supported and assisted living.

- 4. Participation of PATH local providers in the HUD Continuum of Care program:** The CMHCLC participates in community wide planning efforts that address the behavioral health needs of the populations targeted by the PATH funds (CSIP Public Policy Planning Initiative, Community Access Program through the Health Department, Lancaster County's Healthy People 2010 planning, Homeless Coalition, City's continuum of care program, Blue Print Project, etc.). Direct care is coordinated via the working relationship established between the staff funded by PATH and the agencies listed above and existing working groups such as the HUD Homeless meeting, monthly Emergency Services Coordination Committee meetings, and others. PATH staff attend and participate in the Continuum of Care monthly meetings. PATH staff participate in the funding allocation discussions, which contribute to progress toward policy making and fund distribution decisions. Housing is made available through community resources such as the Lincoln Housing Authority, HUD, and private resources for supported and assisted living.

5. Sensitivity/cultural competency:

- a. The CMHCLC consumer tracking system identified populations served during FY 03-04 as follows: GENDER= 25% female, 75% male, AGE= 42% (18-34), 50% (35-64), 1% (65-74) and 7% Age Unknown, RACE = 16% African American, 1% Asian, 75 % Caucasian, 1% Native American, 7 % race unknown.
- b. The CMHCLC employs one FTE using PATH funds. This employee is a Caucasian, male in the 35-64 year old age range.
- c. The CMHCLC provides ongoing in-service education to all staff regarding the individual differences of age, gender, gender identification, race and ethnicity. Staff persons are also trained in how to effectively use interpreters. A conversation group through the Lincoln Literacy Council is facilitated by this PATH staff person with non-English speaking persons targeted for inclusion. This is a non-threatening way to engage persons from other cultures who require assistance requesting appropriate services in an area of the country where English is the primary and only language spoken by most providers.
- d. PATH staff attended a cultural competency training in May of 2004 presented at the CMHCLC's annual all-staff training day. Also, training was provided to agency and PATH staff in January of 2005 on the Minority Health Conference Overview by John Nason and Michael Montgomery. In November of 2004, Region V Systems made available an "Advanced Multicultural Counseling Workshop" provided by Ms. Christine Gibbon, M.A. In January of 2005, a "Cultural Competency Issues Workshop" was provided at Southeast Community College by Dr. Maria Prendes-Lintel. The PATH staff person is again scheduled to attend another cultural competency training in April of 2005.

6. **Describe how homeless consumers and their family members will be involved at the organizational level in planning, implementation, and evaluation of the PATH-funded services:** An open family support group is facilitated at the CMHCLC each week. Family members are encouraged to attend at no cost. This group is not attended by the client, rather it is designed to address the needs of family members. It is generally reported that this support group generates referrals from family members who are already in attendance of the group, to the PATH Program, rather than PATH clients referring family members to this support group. PATH staff are members of the Homeless Coalition Advisory Committee. This committee also includes members of the CAPC (Consumer Advisory Planning Commission). Consumers are involved by their participation in making recommendations and providing direction to the coalition. Consumers in the CMHCLC PATH program are encouraged to participate in the formulation of their own goals and service plans, as much as possible. Involvement of the family in service planning is encouraged, but depends upon the client's willingness to involve others. Consumers are randomly surveyed along with referral sources to determine their level of satisfaction with services. The PATH Program participates in the State's annual consumer satisfaction survey. Feedback related to service provisions is reported to each agency and program. This information is used to improve service delivery.

For the last several years, the PATH-funded staff person at the CMHCLC has employed a consumer to assist with data entry functions in his office on a once per week basis. Typically, this individual has not been eligible for PATH services, but is a consumer of mental health services either at the CMHCLC or at another treatment agency in the community which serves persons with severe and persistent mental illness or co-occurring disorders.

Consumers play an integral role in program and agency development at the CMHCLC. Several consumers serve on the CMHCLC's Advisory Committee. Again, it is not believed at this time that any of these consumers are eligible for PATH services, but they provide valuable input to the agency from the perspective of clients served by the organization. Consumers also provide services in planning, implementation and evaluation in other programs at the CMHCLC, such as: Day Rehabilitation (Midtown Center), Community Living Support, Peer and Volunteer Services, and the Mental Health Jail Diversion Project.

Provider Information for FY 2005 PATH Grant

1. **Name and type of organization:** CenterPointe, Inc. 1000 South 13th Street, Lincoln, NE (402) 475-5161, (402) 475-3300 fax, E-mail address: info@centerpointe.org is a private nonprofit organization established in 1973. CenterPointe's focus is on the treatment of persons with co-occurring substance abuse and mental health problems. Services at CenterPointe include, adult and youth residential treatment, transitional housing, outpatient counseling, day rehabilitation and case management services. The agency serves approximately 800 individuals yearly in Lincoln and the surrounding area (Region V).
2. **Amount of Federal PATH funds to be received:** \$32,500. See attached Standard Form 424A.
3. **Coordinated and comprehensive services plan for PATH clients:**
 - a) **Estimated number of clients to be served:** The estimated number of consumers CenterPointe will serve with PATH funds in FY 2005 is 30. Historically the number served that are "literally" homeless are 15 to 20.
 - b) **The following are services provided by PATH Funds:**
 - Screening and diagnostic treatment: each consumer enrolled in PATH services receives an intake assessment that identifies their treatment needs as well as a psychiatric assessment that is completed by the agencies psychiatric consultant.
 - Community mental health: CenterPointe is licensed as a mental health treatment agency and provides an array of treatment services to PATH consumers who have co-occurring mental health and substance abuse disorders.
 - Alcohol or drug treatment: CenterPointe is licensed as a substance abuse treatment agency and provides an array of treatment services for PATH consumers who have co-occurring mental health and substance abuse disorders.
 - Case management services: The PATH grant will fund a 1.0 FTE case manager position. Case management services are provided in a variety of locations, including the consumer's homes, shelters, the street, soup kitchens, program staff offices, and elsewhere as circumstances require. Case management services will include assisting program participants to obtain and coordinate services based on their individual needs. This can consist of but is not limited to accessing services for their mental health disorders, substance abuse disorders, physical health needs, daily living needs, personal financial planning, transportation, rehabilitation services, prevocational and vocational services, housing services and acquisition of financial support services such as housing assistance, food stamps, and Supplemental Security Income benefits.
 - c) **Community programs providing services to PATH clients:** A variety of programs provide services and housing to PATH-eligible clients. CenterPointe offers residential treatment, day rehabilitation, outpatient counseling, psychiatric care and medication management, community support services, crisis assistance and scattered-site housing. Other agencies provide a variety of services, i.e., Lancaster County Community Mental Health Center provides mental health services and street outreach; People's City Mission and Friendship Home provide emergency shelter; Matt Talbot's Kitchen and the Gathering Place provide meals; Lincoln Action Program, the Good

Neighbor Center and Catholic Social Services provide food and other basic needs assistance; Lancaster County Health Department, Urban Indian Health Center, and People's Health Clinic provide medical care; several community culture centers provide cultural support systems; and Lincoln Housing Authority provides housing. CenterPointe case manager's coordinate services with these programs by not only providing information and referral on the above services but also transportation and advocacy on the participant's behalf to ensure access to appointments and services.

- d) Gaps:** The current gaps in services in the community include: a lack of facility-based accommodations for homeless individuals, especially for special-needs populations like dually disordered homeless individuals; a lack of adequate and affordable transitional and permanent housing in general; a lack of staff in emergency shelters with the ability to manage mentally ill and or substance abusing clients; a lack of treatment services for dually disordered individuals; a lack of public transportation; and a lack of outreach and case management resources.

In 2004 the City of Lincoln Urban Development Department with the assistance from the members of the City's Continuum of Care Planning and Evaluation Committee identified transitional housing, permanent supportive housing, and substance abuse/dual disorder treatment as gaps in the continuum that are critically under-served by existing programs.

In November of 2002 the Lincoln Community Health Endowment completed a year long study on the health needs of the community entitled the Blueprint Project. Several of the 40 solutions identified in the Blueprint relate to the health care needs of the homeless. Some of the solutions include: creating accessible health care clinics for the homeless, alleviate over-crowding in existing shelters for the homeless by increasing space and adding emergency/transitional beds with staffed overnight services, and provide training to health care providers on the special needs of people who are homeless. The Community Health Endowment will base funding decisions on the Blue Prints findings in an effort to improve services and to address existing gaps in the community.

In 2004 the Mayor of Lincoln Task Force on Health Care for The Homeless identified a need to create medical homes for homeless individuals and families. The Task force also identified a need to provide medication assistance funds to homeless individuals and families.

The 1999 Lincoln/Lancaster County Human Service Needs Assessment completed by Hanna/Keelan Associates listed the need for transitional housing as the #1 priority in the community. The needs for supportive case management services, behavioral health services, and basic needs (health, safety, food, and shelter) were also in the top nine needs.

Also, in a 2001 report to the Lincoln City Council, the Human Services Administration of Lincoln-Lancaster County reported an overall lack of services as the issues of homelessness have increased in proportion to the changes in our population.

- e) Services to clients with co-occurring mental illness and substance use disorders:**
Lincoln has found that dually diagnosed individuals are over represented in the homeless population. Because of this, CenterPointe has participated in this project specifically to provide services which meets the needs of homeless persons with co-occurring serious mental illness and substance abuse disorders. Our eligibility criteria include a serious mental illness diagnosis as well as a substance

dependence diagnosis. Both disorders are considered primary and staff members are trained to treat the disorders in a simultaneous and integrated fashion using a biopsychosocial model of care. CenterPointe has been the regions only dual disorder program for over 15 years and has been recognized throughout the state and nationally as a leader in the treatment of dual disorders.

Upon entry into the program each consumer's mental health and substance abuse needs are assessed by the agencies psychologist or by a dually credentialed staff member (LDAC/LMHP). Participants also receive a psychiatric evaluation completed by the agencies consulting psychiatrist to determine if medication management is necessary. Along with the consumer, the program case manager's develop an individualized treatment plan that addresses the issues that contributed to the consumer becoming homeless. Treatment plans typically include housing/shelter needs, living skills, vocational/educational needs, entitlement acquisition, and mental health and substance abuse treatment. In addition to case management services PATH participants are also eligible to receive other non-PATH supported services at CenterPointe including: nursing, day rehabilitation, outpatient counseling, psychiatric consultation/medication management, and therapeutic and educational groups. These services coupled with case management have resulted in a very effective approach to working with homeless, dually disordered individuals.

f) Suitable housing services for PATH-Eligible clients:

PATH-eligible participants work with the program case manager's to identify and secure appropriate housing. The resources available to participants are located in Lincoln, Nebraska and typically include, but are not limited to participation in the programs described below. CenterPointe's Glide program provides 22 one-bedroom scattered-site supportive housing apartments. The Glide program provides intensive case management in the participant's apartment to address the issues that contributed to homelessness including independent living skills training, budgeting and substance abuse/mental health treatment. CenterPointe was recently awarded a Permanent Housing grant from the Department of Housing and Urban Development to provide rental assistance to 30 individuals experiencing homelessness and who have a dual diagnosis. The grant will be available in the spring of 2005. The Lincoln Housing Authority dedicates 65 Section 8 Vouchers to the HUD Homeless Committee. The Committee is comprised of agencies in the Lincoln area that provide case management services to homeless individuals and families. If a consumer elects to participate in the program their case manager presents their case to the Committee for approval of a Section 8 Voucher with the understanding that they must participate in case management services for at least 1 year. The goal of the program is to house homeless individuals and families and to break the cycle of homelessness. Other transitional housing programs in Lincoln include CenterPointe's dual diagnosis residential treatment program and St Monica's residential treatment program for women. Both programs are an option for PATH-eligible participants who are in need of long-term intensive treatment programs to address their mental health and substance dependent problems. PATH-eligible participants can also apply for a regular Section 8 Voucher through the Lincoln Housing Authority. Lincoln has a variety of housing options for clients that are homeless, however, the capacity available in these programs is much lower then the demand. This has resulted in waiting lists of several months for virtually all the housing assistance programs. Case management support is crucial to keeping consumers engaged in services while waiting for housing assistance as well as guiding them through the application process. Participation in case management services is also an expectation of eligibility for many of the housing programs available.

4. Coordination between the PATH local providers and the HUD Continuum of Care program and other coordinating and assessment activities:

Most of the coordination between community services occurs through efforts of the case management and outreach staff assigned to CenterPointe and Lancaster County Community Mental Health Center. CenterPointe collaborates with Lancaster County Mental Health by providing long-term case management to PATH consumers while Lancaster County Community Mental Health provides street outreach services to potential PATH consumers. Monthly meetings of the community's Homeless Coalition augment this coordination as well.

CenterPointe's Case Management Program Director is a member of the Lincoln Continuum of Care Planning and Evaluation Committee. The Continuum of Care Committee ensures the coordination of efforts on PATH and other HUD funded initiatives. The Continuum of Care is responsible for evaluating homeless services, has begun the implementation of a homeless information tracking system and is developing the Cities plan to end Chronic Homelessness. The Continuum of Care Committee meets at least monthly.

CenterPointe is an active participant in the Cities Community Services Implementation (CSI). The plan involves several coalitions of providers, including a housing coalition and a basic needs coalition. Each coalition identifies gaps in the system and develops benchmarks and outcome indicators to track needs in the community in an effort to improve services for consumers in the Lincoln area.

5. Demographics and services that are sensitive to age, gender, racial/ethnic characteristics of the target population?

a) The Demographics of the population served are homeless individuals with following characteristics:

- 45% or more are living on the streets or short-term shelter at admission
- Less than 1% are Veterans
- 50% or more have been in jail and/or a psychiatric hospital in the last six months prior to admission.
- More than 70% are Caucasian, <10% are Native American, <15% are African American.
- 100% present with affective disorders or schizophrenia/psychotic disorders.
- 100% have substance dependence disorders.

b) CenterPointe currently devotes 1.0 FTE to PATH clients, which is actually comprised of eight different individuals so that we can offer age, gender, and racial/ethnic sensitive staff/client matching. Current staff includes four men and four women with a range of ages. While CenterPointe has a strong history of recruiting persons with diverse ethnic and racial backgrounds the current case management staff members are all white.

c) The case management staff has several years of combined experience working with persons from a variety of backgrounds. Staff members are sensitive to gender, age, and racial/ethnic differences and provide care that is culturally competent and accessible to program participants. CenterPointe recognizes each individual's needs are unique and that as an agency we can be supportive and understanding of these needs, however, we also recognize the need to engage consumers in community resources specific to their needs such as cultural centers and support groups. Recognizing that persons 55 and older present with unique issues related to aging, CenterPointe also maintains a case management position that is dedicated to working with persons 55 years and older only.

d) CenterPointe provides training for all staff on cultural competency issues at least annually. Each program director is also responsible for providing training specific to the consumers in their program at least annually

as well. In addition, staff is allotted professional development leave and money to attend classes and conferences in the community.

6. Homeless consumers and family members involvement in the planning, implementation and evaluation of PATH services at the organizational level:

Consumers and family members are involved in a number of ways. Twice a year, consumers are offered opportunities to provide feedback using a satisfaction questionnaire. Suggestion boxes are available at each location/facility so clients can provide written suggestions at anytime. CenterPointe also sponsors focus groups for consumers to provide input and feedback regarding the programs they are involved in. Participants are paid for their time and are provided pizza during the group. Members of the agencies Board of Directors facilitate the focus groups. A written plan of action is developed after the focus groups to improve programming based on the participant's feedback. The Board of Directors are also responsible for recruiting new members that include consumers or family members of consumers. At this time the Board of Directors has one consumer represented on the board. Currently there are no volunteer or paid staff positions available to Path eligible persons.

LOCAL PROVIDER (REVISED) INTENDED USE PLAN

Goodwill Industries of Greater Nebraska, Inc., has continued to participate in the Hall County Continuum of Care Planning Committee. The last survey identified that Hall County has a significant need to provide transitional and permanent housing for individuals with serious mental illness, and this committee is in support of Goodwill receiving the PATH grant to help meet the needs of this population.

1. Goodwill Industries of Greater Nebraska, Inc., is a private nonprofit corporation providing rehabilitation, training, housing, and employment services for individuals who experience a disability or who are disadvantaged. Our address is 1804 S. Eddy St., Grand Island, Nebraska 68801. Our phone number is (308) 384-7896, our fax number is (308) 382-6802. Contact names are Ronda Wagner at rwagner@goodwillne.org and Nancy Casarez at ncasarez@goodwillne.org
2. The proposal for Goodwill Industries of Greater Nebraska, Inc., totals \$22,728 (\$11,333 from Federal PATH funds and \$ 11,395 from applicant match). As you can see, Goodwill will have to match \$ 11,395. The budget direct care cost is \$21,854 and the administrative cost will be \$874.
3. The housing caseworkers will continue to contact existing homeless shelters and crisis centers to determine what funded or donated services are available within the community. A plan to secure and develop additional donated or non-fee for services will occur. Some services will be funded through this PATH grant and Goodwill, such as outreach, rehabilitation services, case management, referrals for screening and diagnostic treatment of mental health and substance abuse services, etc.

Training will be done through educational presentations to consumers which come to Goodwill and sites where homeless individuals obtain service(s). Referrals for primary health services, job training, educational services and other relevant housing services will also occur.

a. This is a population where getting accurate census data is difficult. Currently, there is no data identified or statistics kept by agencies regarding individuals with “serious mental illness with a possible co-occurring substance disorder AND homelessness”. The Hastings Regional Center and our local mental health clinic provide services to these individuals but the person is not necessarily identified as homeless. Central Nebraska Community Services reports that because of their funding source they do not consider individuals who come out of public institutions as being homeless. Thus, they are unable to track these individuals.

Based on current PATH programs, we anticipate serving 85-125 individuals within FY 2005 PATH funds. In 2005, 31% of the people we serve will “literally” be homeless. Additionally, we provide information and referral services to approximately 50-100 individuals.

Path funds are used by Goodwill to provide direct services to eligible, imminent “at risk” of being homeless/homeless individuals. These individuals, who are homeless, lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and individuals that are residents in transitional housing.

The definition for imminent “at risk” of being homeless commonly includes one or more of the following criteria:

- Doubled up living arrangements where the individual’s name is not on the lease
- Living in a condemned building without a place to move to
- Arrears in rent/utility payment(s)
- Received an eviction notice without a place to move to
- Living in temporary or transitional housing that carries time limits
- Being discharged from a health care or criminal justice institution without a place to live

The individuals we will be serving in our PATH program will be 18 years old or over and have a serious mental illness or a co-occurring serious mental illness and substance use disorder. These individuals will have a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities or a mental disorder and substance use disorder that can be diagnosed independently of each other.

b. Housing services include:

- technical assistance in planning and applying for housing assistance
- improving the coordination of housing services
- assist in securing appropriate (based on their individuals needs) supervised or supported residential setting
- assist individual in obtaining safe, affordable permanent housing
- cost associated with matching eligible homeless individuals with appropriate housing situations
- minor renovation, expansion, and repair of housing
- limited security deposits: the costs associated with matching eligible homeless individuals with appropriate housing situations; and 1-time rental payments to prevent eviction

Individuals who are eligible for our Behavioral Health Community Support program will be referred for some of the above services and will not receive these services through this housing homeless project. Individuals involved in community support may receive intensive housing services from this project, because of the need for a short turn around time and the intensity in the acquiring and maintaining of appropriate housing. The level of intensity required for many of the individuals served is more than what community support can provide. The case management services will also include providing assistance to help the homeless individual obtain support services, including Section 8 rent assistance, food stamps, SSI, etc.

c.Community organizations that provide key services to PATH eligible clients are listed below. Many agencies are faced with responding to the needs of these individuals and with the help of Goodwill case management services and transportation, the consumers in the PATH program are able to receive services from these agencies.

Central Nebraska Community Services	Primary health care providers
Crisis Center of Hall County	Free health care clinics
Community Humanitarian Resources Center	Primary mental health providers
Salvation Army	Homeless Center in Hastings
Hastings Regional Center	Rehabilitation services
Alcohol or drug treatment services	Supportive residential services

We will work with many agencies to obtain services and transitional housing and provide educational support to identified agencies while a homeless mentally ill person is there. We will provide case management services and work to obtain permanent housing as quickly as possible. Some of the additional case management services will include finding ways to make sure proper medications have

been secured and the individual is taking their medications. This is a critical component of our service. Additionally, therapeutic intervention services (counseling, out-patient treatment, medication checks, etc.) need to be implemented to support the individual.

Some of the gaps in current services are: The need for decent, safe, affordable and appropriate housing for individuals with serious mental illness is at a critical level in Grand Island and surrounding communities. Often there are times individuals are ready to be released from a psychiatric hospital, but there is no appropriate housing placement and the individual is essentially homeless or at risk of being homeless. We also encounter many instances where individuals are no longer able to live in their current situation because of their mental illness and have no appropriate place for relocation, which again makes them homeless or at risk of being homeless.

The need for transitional housing for individuals leaving a hospital is a critical component to successful community living and is a significant gap in our community. Agencies rely on Goodwill Industries to accept individuals who experience a mental illness or co-occurring substance abuse because their agency is not equipped to deal with the complexities of the person=s needs.

The Crisis Center in Grand Island (CHRC) Homeless Shelter, Health and Human Services, and Central Nebraska Community Services have identified gaps in mental health housing services.

These identified gaps include:

- X Homeless individuals without medication and no income or benefits to purchase them.
- X Lack of transportation, lack of resources to pay for car repairs, gas, oil etc.
- X Access to information regarding resources available, such as food stamps, childcare, medication/Health care benefits.
- X Access to safe, funded childcare.
- X Access to affordable decent housing for individuals who can live independently.
- X Quality supervised housing for those who cannot live independently.
- X Resources for skill building training to help the individual become stable, employable, and self-sufficient (less than 2 weeks).
- X Resources for short-term shelter for some individuals who do not meet the eligibility criteria of existing homeless shelters. Food and possible clothing also needs to be secured.
- X Money available for first month's rent and deposit as well as household items, food etc.
- X Emergency psychiatric services for individuals who need short-term supervised 24-hour care but do not meet EPC criteria.
- X Rental payments to prevent evictions.
- X Funding for alcohol and substance abuse treatment (in or out-patient) for those without SSI or medical benefits.

e.Services are available for clients experiencing co-occurring serious mental illness and substance use disorders. Our program sponsors a double trouble support group and we have cooperative referral agreements with St. Francis Alcohol & Drug Treatment Center, AA/NA, the ACT Team, and Friendship House (a halfway house for substance abuse).

Goodwill will assist individuals in accessing treatment for their psychiatric and substance abuse problems from the following agencies:

X	Friendship House/Milne De-tox	Goodwill Industries of Greater Ne.
X	AA/NA programs	Double Trouble program
X	Mid Plains Center for Behavioral Healthcare Services	Private and/or public psychiatric
X	St. Francis Drug and Alcohol Services	services including therapy,
X	Central Nebraska Council on Alcoholism	counseling, and medication
X	Hastings Regional Center	check.

Our PATH service will provide support assistance to the individuals served in linking them with appropriate specific services and provide support through transportation, notification of meetings, appointments, etc.

In October 2001, Goodwill's behavioral health services added a community support substance abuse program. Currently, we are serving 25 individuals in this service and some of the referrals have come from individuals forwarded to this agency from the PATH grant. In 2004, Goodwill added an emergency community support worker. The PATH grant services will continue to refer to the community support programs as appropriate.

f. Our focus will be the development of quality community-based residential/housing situations for use by PATH eligible individuals. We will network with agencies that refer those who are homeless or at risk of being homeless. This includes agencies such as Central Nebraska Community Services, Crisis Center, and the CHRC Homeless Shelter. In addition, many individuals have difficulty leaving the hospital because they have no place to go. We will work closely with the regional centers and other hospitals to provide homeless individuals or at risk of being homeless services to find and locate appropriate housing and support.

Goodwill Industries of Greater Nebraska, Inc., has two HUD housing projects (16 units) specifically designed for individuals who experience a serious mental illness. Although the individuals need to be able to live independently, support is provided to them through our behavioral health staff. Additionally, in 2005, Goodwill is building a HUD 10 unit independent living complex. This complex will be designated for individuals who are mentally ill and/or have co-occurring substance abuse issues.

We work with the individuals as much as possible within day rehabilitation, employment, and community support (mental health, substance abuse and emergency) services, but often their need for housing services is extensive and intensive and we need to spend a great deal more effort and energy in providing housing services for individuals with mental illness than is possible through either community support or day rehabilitation.

Goodwill has a strong working partnership with many agencies including providers. We will continue to develop these relationships to coordinate needed services to meet identified gaps.

4. Goodwill Industries of Greater Nebraska, Inc., will attend and coordinate with Hall County Continuum of Care. Grand Island has no HUD continuum of care, however, the HUD providers attend the Hall County Continuum of care and we are current members. Goodwill has sponsored HUD housing planning meetings in the past year and invited the Hall County Continuum of Care members and community members.

5. Goodwill Industries of Greater Nebraska, Inc. serves 12 counties for behavioral health services: Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Hall, Merrick, and Hamilton which is Region III. We will focus on Hall County.

Goodwill Industries of Greater Nebraska has a long history in welcoming and supporting employees and consumers whose diversity makes our agency and services truly integrated. We continually train staff regarding disabilities, diversity, ADA, acceptance of different values, etc. The training is provided through both external and internal sources and we utilize the offerings of Region III Behavioral Health for some of the diversity training.

Based on last year=s demographic information, 94% of the individuals we served were Caucasian, 1% were Native American and 6% were Hispanic. Our current case manager within our PATH grant is Caucasian. We additionally, do have a staff member who is Hispanic and bilingual and is able to interpret as needed for all of our behavioral health services including our PATH grant. Goodwill's Housing Coordinator who works with the PATH program is currently attending Spanish speaking classes. The behavioral health services policy is to arrange for interpreters, as needed. Currently, we have two Spanish speaking individuals on staff who can interpret based on the language of the individual served, so that individuals will understand and be able to provide input into their team meetings and other required input ongoing.

6. Goodwill uses a consumer-based team approach to services. The individual is always the core member of the team in the planning and implementation of services. The team also includes family members, guardians, and significant others. Other members of the team may include health providers and other human service services providers. After the initial assessment and setting of goals, team meetings will occur based on the individual=s needs. Our organization will collect data on PATH-funded services. This service will be tracked in terms of outcome data and we will evaluate and develop continuous quality improvement strategies for the improvement of PATH-funded services. We will comply with outcome data required by the Federal or State agency.

INTENDED USE PLAN
NEBRAKSA FY 2005/2006 PATH APPLICATION
CIRRUS HOUSE INC. / REGION 1

The following information is provided to the State of Nebraska, Department of Health and Human Services, to represent the intention of Region I to apply for PATH funds to be included in the Nebraska FY 2005/2006 PATH application. Regional administration has identified Cirrus House, Inc. as the service provider with responsibility for carrying out the program.

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

CIRRUS HOUSE INC.	(308) 635-1488
1509 FIRST AVENUE	(308) 635-1271 fax
SCOTTSBLUFF, NE 69361	cirrushouse@earthlink.com

Cirrus House Inc. is part of Region I, which covers an 11 county area in the panhandle of Nebraska. The 11 counties cover approximately 22,000 square miles. Population from the last Census is approximately 90,000 individuals. Cirrus House is a private non profit organization that serves adults with Severe and Persistent Mental Illness as their primary diagnosis. Cirrus House has Adult Day services, employment, transportation, housing and Community support.

2. Indicate the amount of PATH funds the organization will receive.

Cirrus House anticipates receiving 11,333.00 dollars. This is the same amount received in FY 04/05.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, Including:

Cirrus House estimates that they will serve between 10 to 15 individuals during the fiscal year. The primary targeted services for PATH funds are outreach, intensive case management, screening and referral to appropriate agencies. To assure the range of needs are addressed promptly in an effort to avoid relapse or

homelessness, the project coordinator will be the primary staff responsible for formation and coordination of case management plans and reviews, obtaining and coordinating needed services, obtaining income support, referrals (including coordination and follow-up). Once individuals are connected with other agencies or become members of Cirrus House and are involved in day programming, community support, medication support and housing they will be discharged from the PATH program. In an area with few service providers, it is customary to interact and coordinate services. Cirrus House attends the Regional Providers meetings as scheduled. The Project Coordinator is a Licensed Mental Professional and provisionally licensed CADAC they screen all initial referrals and determine eligibility. The Project Coordinator is also the Admissions Director of Cirrus House Inc. and they have frequent contacts with other providers in the area, assuring coordination and referral in a prompt and personal manner. Additionally, all rehabilitation staff are required to maintain contact with other resources and forward any referrals to the Project Coordinator. Region I has limited resources to serve the homeless and near homeless all agencies coordinate the use of those funds to maximize services to eligible individuals.

Cirrus House does not provide payee services, but we assist individuals in locating a payee from one of the professional payee corporations if those services are needed or requested. When the case management plan calls for supportive or supervisory services in a residential setting, or referral for primary health services, job training, educational services and housing services, we have the capacity to find or provide for those needs. The project coordinator is a licensed LMHP and Provisionally Licensed CADAC which enables us to work, assess and treat those individuals dually diagnosed.

The biggest problem we face with PATH-eligible clients is when the crisis first emerges. As new individuals come to the attention of authorities or other service agencies, or as a known individual reporting an impending crisis, the first few weeks can be very time consuming for staff lacking a single homeless shelter. A variety of solutions must be devised; utilizing the agencies in the Region I service area to coordinate services and provide the best possible continuum of care for PATH eligible individuals to prevent failure of service plans. Maintaining services can become quite difficult with the extended time periods it takes Social Security to complete their eligibility process, the average waiting time for individuals who apply for SSDI or SSI can be a year or more. The maintenance of these services can be very time consuming for staff to prevent emergencies and coordinate case management services. Aside from the primary case management services, other gaps we encounter in Region I are:

Shelter for individuals after available emergency funds are utilized, and before benefits become available. Region I has no homeless shelter and County emergency funds have a very limited access and significant restrictions.

Access to medications and health care. With the extended time periods between application and eligibility determination for SSDI/SSI make it difficult to maintain medications for individuals. The local health care clinic is able to help on a limited basis. Psychiatric medications are available again on a limited basis at the mental health center, but to maintain medications for 9 to 12 months while individuals wait for their Social Security is very difficult.

Transportation. Region I has no affordable Public transportation system. Handi-bus is primarily for senior citizens or those determined to be disabled. Cirrus House Inc. provides transportation to individuals while on the PATH grant for necessary appointments and follow up care.

Emergency services and one night housing vouchers for indigent people are available through the Salvation Army (operated through the Police Department). Some local agencies and churches provide emergency food and soup kitchens. Examples of other services addressing the needs of indigent people are Health and Human Services offices, Panhandle Community Services, Cooperative Ministry. The county General Assistance funds are only available for individuals who have been a resident of the county for a minimum of one year this is a one-time assistance for either rent or medications. The biggest gap in available services is primarily with access to health care and medications for individuals with no insurance and housing for the long term while they wait for entitlements. With the length of

time from application to approval for SSDI/SSI increasing it is difficult to maintain housing, medications seek medical treatment.

4. Describe the participation of PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public or private entities.

Cirrus House has available 42 independent housing units, 16 bed assisted living we also work closely with several HUD supported agencies, in addition to the local Housing Authority for Section 8 and public housing. This allows us to place

individuals in a variety of housing situations depending on the level of care required. Cirrus House Inc. participates in the Housing continuum at this time we are exploring into developing a short term respite housing program to assist with placement of homeless individuals until permanent housing can be located.

5. Describe the demographics of proposed service area. Describe how staff providing services to the target population be sensitive to age, gender, and racial/ethnic differences of clients. Indicate the extent to which staff (a) are representative of the racial/ethnic diversity of the clients, and (b) receive periodic training in cultural competency.

The policies and procedures of Cirrus House Inc. provide for a proactive approach to inclusion and sensitivity to differences. Our agency has been accredited by CARF, which includes targeted attention to these issues. Our work with the PATH program will conform to these standards of practice. Yearly training on cultural sensitivity and diversity is provided to all staff employed by Cirrus House Inc. Cirrus House employs staff with a wide range of cultural backgrounds, including the Executive Director, who is British. We have two bilingual staff that can converse in Spanish with individuals with limited English abilities, we also have a staff who is fluent in sign language.

6. Describe how homeless consumers and their family members will be involved at the organizational level in the (a) planning, (b) implementation and (c) evaluation of PATH-funded services?

As an ICCD certified Clubhouse, and as a CARF accredited rehabilitation program, Cirrus House Inc. is committed to maximum inclusion of consumers in all aspects of the organization including the planning, implementation and evaluation of services. We have committees for Housing, Health and Safety and Quality Improvement/Outcomes Management that include consumers. The Quality Improvement and Outcomes committee reviews PATH as part of its oversight function. In addition to the collateral service contact with family members, we maintain a close relationship with the local AMI group, and our Board of Directors, the Board of Directors have ultimate responsibility for the programs of Cirrus House Inc., includes two designated seats for family members referred by AMI and two members of Cirrus House. Cirrus House has a specific process for collecting evaluating outcome data in our services. The data collection methods we use include hospitalization rates, employment, housing, measures of symptoms and levels of functioning, as well as consumers satisfaction surveys. With the application of the PATH program, we will incorporate attention to the designated PATH clients in our exit surveys. All members of Cirrus House are eligible to apply for any openings that become available at Cirrus House Inc.

Submitted for Cirrus House, Inc. on behalf of Region I

Andrew W. Jones

Executive Director

Date

John McVay, Region I Administrator

Date